## COMPLETE THIS SECTION ON DELIVERY Savidere complate units sections ■ Complete items 1, 2, and 3. ♠ □ Agent Print your name and address on the reverse ☐ Addressee so that we can return the card to you. Date of Delivery Attach this card to the back of the mailpiece, or on the front if space permits. ☐ Yes 1. Article Addressed to: D. Is delivery address different from item 1? If YES, enter delivery address below: □ No Mr. Ethan Pardue Duke Energy 3300 Exchange Place ☐ Priority Mall Express® ☐ Registered Mail™ 3. Service Type ☐ Adult Signature Registered Mail Restricted Delivery Return Receipt for Merchandise ☐ Adult Signature Restricted Delivery Certified Mail® □ Certified Mail Restricted Delivery 9590 9402 4271 8121 9181 14 ☐ Collect on Delivery □ Signature Confirmation™ □ Signature Confirmation Restricted Delivery ☐ Collect on Delivery Restricted Delivery 2. Article Number (Transfer from service label) 7) Insured Mail Insured Mail Restricted Delivery (over \$500) 7018 1830 0001 6580 1557

Domestic Return Receipt

PS Form 3811, July 2015 PSN 7530-02-000-9053